

EXHIBIT “M”

AGENCY Parietti & McGuire Insurance Agency 562 Route 17 M Monroe NY 10950	PHONE (A/C No. Ext): (845) 781-8000 FAX (A/C No.): (845) 774-8098	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Saeed Moslem 2276 Route 302 Middletown NY 10941		NAIC CODE	FACILITY CODE
CODE: 31-089		SUBCODE:		POLICY # 31-089	
AGENCY CUSTOMER ID		DATE AT CURR RES 6/22/2006	CO/PLAN Vermont Mutual	HOME PHONE # (845) 590-2019	DAY EVE
		EFFECTIVE DATE 6/22/2006	EXPIRATION DATE 6/22/2007	BUSINESS PHONE #	DAY EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)							
APPLICANT'S OCCUPATION (State nature of business if self-employed) REAL ESTATE		APPLICANT'S EMPLOYER NAME AND ADDRESS SELF EMPLOYED		YEARS IN CURR OCC 3	YEARS W/ CURR EMPL 4	YEARS W/ PRIOR EMPL	MAR STAT S	DATE OF BIRTH 9/1/1983	SOCIAL SECURITY # 128-74-9025
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)		CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?				DATE AGENT LAST INSPECTED PROPERTY:					

COVERAGES/LIMITS OF LIABILITY

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM
HO3	\$ 350,000	\$ 35,000	\$ 245,000	\$ 70,000	\$ 500,000	\$ 1,000	\$ 866.00
DED (Type & Amount)	X ALL PERIL	500	WIND/HAIL	THEFT	NAMED PERILS ONLY		DEPOSIT
							\$ 500
							BALANCE
							\$ 366

* Not Applicable in NC

ENDORSEMENTS

X REPLACEMENT COST DWELLING	X REPLACEMENT COST CONTENTS	ENTER OTHER ENDORSEMENT(S):
Smoke Detectors, Non-Smoker, Superior Home Craft.		

PAYMENT PLAN

ACCOUNT #:	MAIL POLICY TO:
BILLING	X AGENT
X DIRECT BILL	APPLICANT
IF DIRECT BILL:	OTHER:
IF APPLICANT BILL:	
X FULL PAY	
OTHER:	

RATING/UNDERWRITING

X FRAME	X HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# SEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING	1950		\$	X DWELLING	X PRIMARY	COC	1		
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES				\$350,000	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING	PLUMBING	HEATING	ROOFING
43			3	50 FT	CENTRAL	CENTRAL (oil)	ALL	in	in	Full 2005
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER	DIRECT	LOCAL	HOUSEKEEPING CONDITION	GOOD	EXTERIOR PAINT				
MIDDLETOWN, NY										
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		X YES	NO	YES X NO	GOOD	YES X NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	X DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	APPROVED FENCE	WINDSTORM LOSS MITIGATION FEATURES				
X WITHIN CITY LIMITS	X OWNER	X FIRE EXT	INDOORS	YES X NO	ABOVE GROUND					
X WITHIN FIRE DIST	TENANT	X VISIBLE TO NEIGHBORS	OUTDOORS		ABOVE GROUND					
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES		CLASS	X YES		RESISTIVE	OTHER	ASPHALT	GOOD	
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:	RATING CREDITS	MANNED SECURITY OFF PREMISES	SPRINKLER	FIREPLACES (Enter Number)						
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	CHIMNEYS	PRE-FAB					
SQ FT	SQ FT	SQ FT	LIGHTNING PROTECTION	HEARTH	WOOD STOVE INSERT					

PRIOR COVERAGE

PRIOR CARRIER New Purchase	PRIOR POLICY NUMBER N/A	EXPIRATION DATE
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GENERAL INFORMATION

056707 cv-07962-SCR Document 15-14 Filed 05/12/2008 Page 3 of 3

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (except questions 14 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)	X		14. DURING THE LAST FIVE (5) YEARS (TEN (10) YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)		X
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)	X		15. IS THERE A MANAGER ON THE PREMISES?		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?	X		RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?		
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	X		17. IS THE BUILDING ENTRANCE LOCKED?		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	X		18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		X
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	X		19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		X
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)	X		20. IS HOUSE FOR SALE?		X
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?	X		21. IS PROPERTY WITHIN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		X
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)	X		22. IS THERE A TRAMPOLINE ON THE PREMISES?		X
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?	X		23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		X
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)	X		24. ANY LEAD PAINT HAZARD?		X
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)	X		25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		X
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)	X		26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		X

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? ☐ YES ☒ NO IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT

ADDITIONAL INTEREST

INT #	MORTGAGE	NAME AND ADDRESS	COUNTRYWIDE HOME LOANS, INC.	LOAN NUMBER
1	ADDL INT	ISAORA AT I MA PO BOX 961206 FT. WORTH, TX 76161-1206	FTWX-22	76161-1206

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS		PHOTOGRAPH	PERS EXCESSUMBRELLA APP	HOME BASED BUSINESS SUPP
STATE SUPPLEMENT(S) (if applicable)	X	SOLID FUEL SUPPLEMENT	RECREATIONAL VEHICLE APP	
INLAND MARINE APPLICATION	X	EARTHQUAKE APPLICATION	WATERCRAFT APPLICATION	
REPLACEMENT COST ESTIMATE	X	PROTECTION DEVICE CERTIFICATE	LEAD FREE PAINT CERTIFICATION	

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
6/22/2006	6/22/2007	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
TIME	X 12:01 AM		
	NOON		
COVERAGE IS NOT BOUND			

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
<i>[Signature]</i>	6/14/06	<i>[Signature]</i>	

RECORD 80 (2804/12)